

STATE OF OHIO)
)
COUNTY OF MEDINA)

SS: **DECLARATION**

I, Jason Briscoe, being first duly sworn, depose and state the following:


1. I am the Director of Pharmacy Operations at Discount Drug Mart, Inc.;
2. Discount Drug Mart has never held a license to distribute Schedule II products;
3. Discount Drug Mart is licensed by the State of Ohio to distribute controlled substances in Ohio;
4. I've attached copies of those licenses to this declaration;
5. Discount Drug Mart stopped distributing HCPs out of its warehouse prior to October 6, 2014 when the DEA changed them from a Schedule III to a Schedule II;
6. Discount Drug Mart has a total of 20 stores in Cuyahoga and Summit counties (the exact locations of those stores have been provided to the Plaintiffs in our Answers to Interrogatories).

FURTHER AFFIANT SAYETH NAUGHT.


JASON BRISCOE



SWORN TO AND SUBSCRIBED IN MY PRESENCE on this 14th day of June, 2019


NOTARY PUBLIC
Natalie M. Joyce, Notary
State of Ohio

My commission expires: 11/29/2021

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 ~ TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.state.oh.us

Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of **JUNE 30, 2007**:

Identification Number: 01-0021900

DISCOUNT DRUG MART INC.
PETE E. RATYCZ RPH
211 COMMERCE DR
MEDINA OH 44256

CLASS: 70 WHOLESALE/PHARMACY
No 0240

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS



SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 ~ TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.state.oh.us

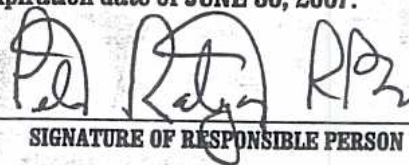
Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory requirements (WHOLESALE-ORC Sections 3719.021 & 3719.03; MANUFACTURER-ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of **JUNE 30, 2007**:

Identification Number: W-0696

DISCOUNT DRUG MART INC.
PETE RATYCZ VP PHARM OPER.
211 COMMERCE DR
MEDINA OH 44256

WHOLESALE OF CONTROLLED SUBSTANCES
No 0143

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS



SIGNATURE OF RESPONSIBLE PERSON

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Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

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The State Board of Pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, O.A.C.]

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Use form at bottom of this page. Additional forms may be obtained from the State Board of Pharmacy office. [Section 4729.53(A), O.R.C.]

Notify the State Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice (Discontinuing Business form is available from the Board office) and state license must be mailed (return receipt requested) or hand-delivered to the Board office. [Section 4729.62, O.R.C.; Rule 4729-9-07, O.A.C.]

♦ ♦ ♦ DO NOT RETURN UNLESS RESPONSIBLE PERSON PRINTED ON ABOVE LICENSE CHANGES ♦ ♦ ♦

✂ ✂ ✂ WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED ✂ ✂ ✂

State Board of Pharmacy ♦ 77 South High Street, Room 1702 ♦ Columbus, Ohio 43215-6126 ♦ 614/466-4143

**CONTROLLED SUBSTANCE DISTRIBUTOR
NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days.

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of **JUNE 30, 2010**:

Identification Number **WPHR . 010021900 00220**

RESPONSIBLE PERSON:

PETER E. RATYCZ RPH


SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.



DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE**SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS**

A change in name, address, or ownership requires new application and fee. In the event of an address change, the State Board of Pharmacy must be notified prior to moving any dangerous drugs. [Sections 4729.51 and 4729.52, O.R.C.; Rule 4729-9-16, O.A.C.]

State of Ohio

STATE BOARD OF PHARMACY

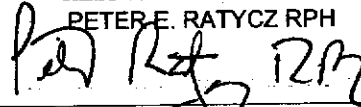
77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

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Identification Number **WCSW . 0696 00084**

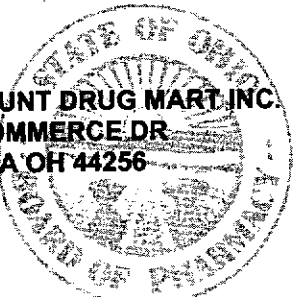
RESPONSIBLE PERSON:

PETER E. RATYCZ RPH


SIGNATURE OF RESPONSIBLE PERSON

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DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256

CLASS: Controlled Substance Wholesaler**SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS**

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The State Board of Pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, O.A.C.]

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**DO NOT RETURN UNLESS RESPONSIBLE PERSON PRINTED ON ABOVE LICENSE CHANGES
WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED**

STATE BOARD OF PHARMACY ♦ 77 South High Street, Room 1702 ♦ Columbus, Ohio 43215-6126 ♦ 614/466-4143

**CONTROLLED SUBSTANCE DISTRIBUTOR
NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days.

-- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL --

DISTRIBUTOR NAME: DISCOUNT DRUG MART INC. IDENTIFICATION NO: WCSW . 0696

STREET ADDRESS: _____

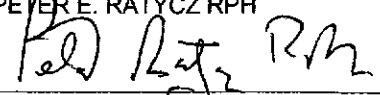
State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2010:

Identification Number WPHR . 010021900 00220

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.



DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE**SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS**

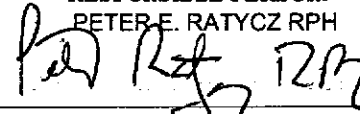
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STATE BOARD OF PHARMACY

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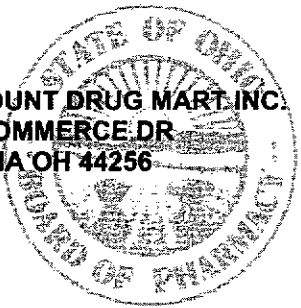
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Identification Number WCSW . 0696 00084

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.



DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256

CLASS: Controlled Substance Wholesaler**SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS**

A change in name, address, or ownership requires new application and fee. In the event of an address change, the State Board of Pharmacy must be notified prior to moving any dangerous drugs. [Sections 4729.51 and 4729.52, O.R.C.; Rule 4729-9-16, O.A.C.]

The State Board of Pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, O.A.C.]

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Use form at bottom of this page. Additional forms may be obtained from the State Board of Pharmacy office. [Sections 4729.53(A), O.R.C.]

Notify the State Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice (Discontinuing Business form is available from the Board office) and state license must be mailed (return receipt requested) or hand-delivered to the Board office. [Section 4729.62 O.R.C.; Rule 4729-9-07, O.A.C.]

**DO NOT RETURN UNLESS RESPONSIBLE PERSON PRINTED ON ABOVE LICENSE CHANGES
WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED**

STATE BOARD OF PHARMACY • 77 South High Street, Room 1702 • Columbus, Ohio 43215-6126 • 614/466-4143

**CONTROLLED SUBSTANCE DISTRIBUTOR
NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days.

- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL -

DISTRIBUTOR NAME: DISCOUNT DRUG MART INC. IDENTIFICATION NO: WCSW . 0696

STREET ADDRESS: _____

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory requirements (**WHOLESALE** -- ORC Sections 3719.021 & 3719.03; **MANUFACTURER** -- ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of **JUNE 30, 2011**:

Identification Number **WCSW . 0696****0008**

RESPONSIBLE PERSON:

PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

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DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256

CLASS: Controlled Substance Wholesaler**SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS**

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In accordance with paragraph (A)(7) of 4729-9-16 (OAC) (effective January 1, 2009), if a wholesale distributor is incorporated a criminal records check is required every time there is a change in officers. Please contact the Board office for the fingerprint cards.

The State Board of Pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, O.A.C.]

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**CONTROLLED SUBSTANCE DISTRIBUTOR
NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days.

-- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL --

DISTRIBUTOR NAME: DISCOUNT DRUG MART INC. IDENTIFICATION NO: WCSW . 0696

STREET ADDRESS: _____

Section 4729.53(A) of the Ohio Revised Code requires that "The applicant has designated the name and address of a person to whom communications from the board may be directed and upon whom the notices and citations provided for in section 4729.56 of the Revised Code may be served".

☐ YES ☐ NO

Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

☐ YES ☐ NO

Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action by any state or federal agency?

If **YES** to either question above, has the explanation of charges already been filed with the Board?

☐ YES ☐ NO

(If NO, explain in detail; listing name(s) and address(es) of the court or government agency and dates such charges were filed, on a separate sheet of paper. If YES, it is not necessary to file again.)

I hereby agree to and do submit to the jurisdiction of the State Board of Pharmacy and to the laws and rules of Ohio for the purpose of the enforcement of Chapter 3719. and Sections 4729.51 to 4729.61 of the Ohio Revised Code.

SIGNATURE of New Responsible Person: _____ EFFECTIVE DATE: _____

NAME (please print): _____ DATE OF BIRTH: _____

TITLE: _____ SOCIAL SECURITY NUMBER: _____

PROFESSIONAL LICENSE NUMBER (if applicable): _____

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

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Identification Number WPHR . 010021900 01470

RESPONSIBLE PERSON:

PETER E. RATYCZ RPH

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256

SIGNATURE OF RESPONSIBLE PERSON

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CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

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STATE BOARD OF PHARMACY ♦ 77 South High Street, Room 1702 ♦ Columbus, Ohio 43215-6126 ♦ 614/466-4143

WHOLESALE DISTRIBUTOR

NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days.

-- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL --

DISTRIBUTOR NAME: DISCOUNT DRUG MART INC. IDENTIFICATION NO: WPHR . 010021900

STREET ADDRESS:

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☐ YES ☐ NO

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☐ YES ☐ NO

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If YES to either question above, has the explanation of charges already been filed with the Board?

☐ YES ☐ NO

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I hereby agree to and do submit to the jurisdiction of the State Board of Pharmacy and to the laws and rules of Ohio for the purpose of the enforcement of Sections 4729.51 to 4729.61 of the Ohio Revised Code.

SIGNATURE of New Responsible Person: EFFECTIVE DATE:

NAME (please print): DATE OF BIRTH:

TITLE: SOCIAL SECURITY NUMBER:

PROFESSIONAL LICENSE NUMBER (if applicable):

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

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Identification Number WPHR . 010021900 01470

RESPONSIBLE PERSON:

PETER E. RATYCZ RPH

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256

SIGNATURE OF RESPONSIBLE PERSON

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WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED**

STATE BOARD OF PHARMACY ♦ 77 South High Street, Room 1702 ♦ Columbus, Ohio 43215-6126 ♦ 614/466-4143

WHOLESALE DISTRIBUTOR**NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days.

-- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL --DISTRIBUTOR NAME: DISCOUNT DRUG MART INC. IDENTIFICATION NO: WPHR . 010021900

STREET ADDRESS: _____

Section 4729.53(A) of the Ohio Revised Code requires that "The applicant has designated the name and address of a person to whom communications from the board may be directed and upon whom the notices and citations provided for in section 4729.56 of the Revised Code may be served".

☐ YES ☐ NO

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☐ YES ☐ NO

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(If NO, explain in detail; listing name(s) and address(es) of the court or government agency and dates such charges were filed, on a separate sheet of paper. If YES, it is not necessary to file again.)

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SIGNATURE of New Responsible Person: _____ EFFECTIVE DATE: _____

NAME (please print): _____ DATE OF BIRTH: _____

TITLE: _____ SOCIAL SECURITY NUMBER: _____

PROFESSIONAL LICENSE NUMBER (if applicable): _____

State of Ohio

STATE BOARD OF PHARMACY

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Identification Number **WCSW . 0696****0595****RESPONSIBLE PERSON:****PETER E. RATYCZ RPH**

SIGNATURE OF RESPONSIBLE PERSON

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DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256

CLASS: Controlled Substance Wholesaler**SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS**

A change in name, address, or ownership requires new application and fee. In the event of an address change, the State Board of Pharmacy must be notified prior to moving any dangerous drugs. [Sections 4729.51 and 4729.52, O.R.C.; Rule 4729-9-16, O.A.C.]

In accordance with paragraph (A)(7) of 4729-9-16 (OAC) (effective January 1, 2009), if a wholesale distributor is incorporated a criminal records check is required every time there is a change in officers. Please contact the Board office for the fingerprint cards.

The State Board of Pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, O.A.C.]

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Use form at bottom of this page. Additional forms may be obtained from the State Board of Pharmacy office. [Sections 4729.53(A), O.R.C.]

Notify the State Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice (Discontinuing Business form is available from the Board office) and state license must be mailed (return receipt requested) or hand-delivered to the Board office. [Section 4729.62 O.R.C.; Rule 4729-9-07, O.A.C.]

**DO NOT RETURN UNLESS RESPONSIBLE PERSON PRINTED ON ABOVE LICENSE CHANGES
 WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED**

STATE BOARD OF PHARMACY ♦ 77 South High Street, Room 1702 ♦ Columbus, Ohio 43215-6126 ♦ 614/466-4143

CONTROLLED SUBSTANCE DISTRIBUTOR**NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days.

- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL -

DISTRIBUTOR NAME: DISCOUNT DRUG MART INC. **IDENTIFICATION NO:** WCSW . 0696

STREET ADDRESS: _____

Section 4729.53(A) of the Ohio Revised Code requires that "The applicant has designated the name and address of a person to whom communications from the board may be directed and upon whom the notices and citations provided for in section 4729.56 of the Revised Code may be served".

☐ **YES** ☐ **NO**

Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

☐ **YES** ☐ **NO**

Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action by any state or federal agency?

If **YES** to either question above, has the explanation of charges already been filed with the Board?

☐ **YES** ☐ **NO**

(If **NO**, explain in detail; listing name(s) and address(es) of the court or government agency and dates such charges were filed, on a separate sheet of paper. If **YES**, it is not necessary to file again.)

I hereby agree to and do submit to the jurisdiction of the State Board of Pharmacy and to the laws and rules of Ohio for the purpose of the enforcement of Chapter 3719. and Sections 4729.51 to 4729.61 of the Ohio Revised Code.

SIGNATURE of New Responsible Person: _____ **EFFECTIVE DATE:** _____

NAME (please print): _____ **DATE OF BIRTH:** _____

TITLE: _____ **SOCIAL SECURITY NUMBER:** _____

PROFESSIONAL LICENSE NUMBER (if applicable): _____

State of Ohio
STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2013:

Identification Number WPHR . 010021900 00490

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH



SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

A change in name, address, or ownership requires new application and fee. In the event of an address change, the State Board of Pharmacy

State of Ohio

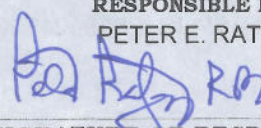
STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory requirements (WHOLESALE -- ORC Sections 3719.021 & 3719.03; MANUFACTURER -- ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of JUNE 30, 2013:

Identification Number WCSW . 0696 0011

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH



SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256

CLASS: Controlled Substance Wholesaler

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

A change in name, address, or ownership requires new application and fee. In the event of an address change, the State Board of Pharmacy

State of Ohio
STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of **JUNE 30, 2014**:

Identification Number **WPHR . 010021900** **00568**

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

State of Ohio
STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory requirements (**WHOLESALE** - ORC Sections 3719.021 & 3719.03; **MANUFACTURER** - ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of **JUNE 30, 2014**:

Identification Number **WCSW . 0696**

0151

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

State of Ohio
STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of **JUNE 30, 2014**:

Identification Number **WPHR . 010021900** **00568**

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

[Signature]

SIGNATURE OF RESPONSIBLE PERSON
 Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

State of Ohio
STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory requirements (WHOLESALE - ORC Sections 3719.021 & 3719.03; MANUFACTURER - ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of **JUNE 30, 2014**:

Identification Number **WCSW . 0696** **0151**

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

[Signature]

STATE BOARD OF PHARMACY

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2015.

Identification Number: WPHR.010021900-03

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA, OH 44256

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE
SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

A change in name, address, or ownership (not officers) requires new application and fee. In the event of an address change, the State Board of Pharmacy must be notified prior to moving any dangerous drugs. [Sections 4729.51 and 4929.52, ORC; Rule 4729-9-16, OAC]

In accordance with paragraph (A)(7) of 4729-9-16 (OAC) (effective January 1, 2009), if a wholesale distributor is incorporated a criminal records check is required every time there is a change in officers. Contact the Board office for the fingerprint cards or you can go to <http://www.ohioattorneygeneral.gov/Business/Services-for-Business/Webcheck> to request fingerprint cards BIM-12-98 (BCI) and FD-258 (FBI).

The State Board of Pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, OAC]

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Use the form at the bottom of this page. Additional forms may be obtained at <http://pharmacy.ohio.gov/WDDD/General.aspx>. [Sections 4729.53(A), ORC]

Notify the State Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice (discontinuing business form is available at <http://pharmacy.ohio.gov/WDDD/General.aspx>) and state license must be mailed (return receipt requested) or hand-delivered to the Board office. [Section 4729.62 ORC; Rule 4729-9-07, OAC]

**** DO NOT RETURN BELOW UNLESS RESPONSIBLE PERSON PRINTED ON ABOVE LICENSE CHANGES ****
**** WHEN USING, DETACH AND RETURN BY MAIL, FAX OR EMAIL ****

STATE BOARD OF PHARMACY ♦ 77 South High Street, Room 1702 ♦ Columbus, Ohio 43215-6126 ♦ 614/466-4143
WHOLESALE DISTRIBUTOR

NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days.

-- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL --

DISTRIBUTOR NAME: DISCOUNT DRUG MART INC. IDENTIFICATION NO: WPHR.010021900-03

STREET ADDRESS: _____

Section 4729.53(A) of the Ohio Revised Code requires that "The applicant has designated the name and address of a person to whom communications from the board may be directed and upon whom the notices and citations provided for in section 4729.56 of the Revised Code may be served".

☐ YES ☐ NO

Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction of a felony or a misdemeanor (even if expunged or sealed) other than a minor traffic violation?

☐ YES ☐ NO

Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action by any state or federal agency?

If YES to either question above, has the explanation of charges already been filed with the Board?

☐ YES ☐ NO

If NO, explain in detail on a separate sheet of paper; listing name(s) and address(es) of the court or government agency and dates such charges were filed. If YES, it is not necessary to file again.

I hereby agree to and do submit to the jurisdiction of the State Board of Pharmacy and to the laws and rules of Ohio for the purpose of the enforcement of Sections 4729.51 to 4729.61 of the Ohio Revised Code.

SIGNATURE of New Responsible Person: _____ EFFECTIVE DATE: _____

NAME (please print): _____ DATE OF BIRTH: _____

TITLE: _____ SOCIAL SECURITY NUMBER: _____

PROFESSIONAL LICENSE NUMBER (if applicable): _____

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of **JUNE 30, 2015**.

Identification Number: **WPHR.010021900-03**



RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

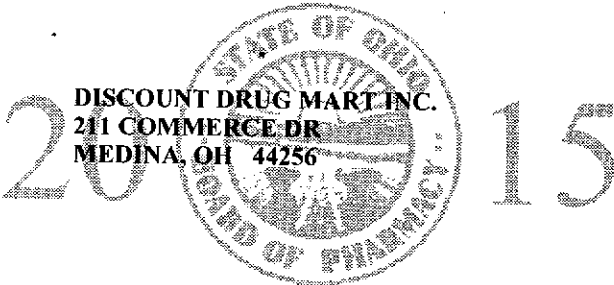
State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory requirements (**WHOLESALE** -- ORC Sections 3719.021 & 3719.03; **MANUFACTURER** -- ORC SECTIONS 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of **JUNE 30, 2015**.

Identification Number: **WCSW.0696**



RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

State of Ohio

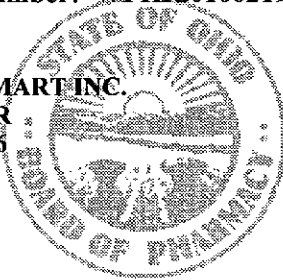
STATE BOARD OF PHARMACY

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Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of **JUNE 30, 2016**.

Identification Number: **WPHR.010021900-03**

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA, OH 44256



16


RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE
SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov


Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory requirements (**WHOLESALE** – ORC Sections 3719.021 & 3719.03; **MANUFACTURER** – ORC SECTIONS 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of **JUNE 30, 2016**.

Identification Number: **WCSW.0696**

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA, OH 44256



16


RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler
SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS